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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *PP* \*\*\*\*\*

This appln claims benefit of 60/121,048 02/22/1999 ✓

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *PP* \*\*\*\*\**NONE*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR  COUNTRY IRELAND	SHEETS  DRAWING 15	TOTAL  CLAIMS 51	INDEPENDENT  CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>PP</i>	Initials		

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## TITLE

Solid oral dosage form containing an enhancer

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